

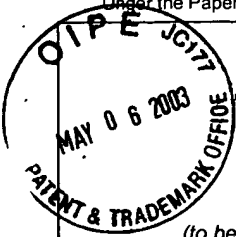
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PTO/SB/21 (08-00)

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TRANSMITTAL FORM

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		Application Number	09/811,237
		Filing Date	March 15, 2001
		First Named Inventor	Karapet Ablabutyan et al.
		Group Art Unit	3652
		Examiner Name	Keenan, James W..
Total Number of Pages in This Submission		Attorney Docket Number	23451-037

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CID, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Patent Application Fee Determination Record Form PTO/SB/06 Form (in duplicate) (1 pg.); Preliminary Amendment (8 pgs.); Information Disclosure Statement under 37 CFR 1.97 and Form PTO/SB/08A (4 pgs.); 25 Cited References; Certificate of Mailing (1 pg.); Check No.: 288510 in amount of \$786.00 (Fee for Independent claims in excess of three and Claims in excess of twenty); ; Check No.: 288717 in amount of \$180.00 (Fee for Information Disclosure Statement and Return Postcard.
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

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Firm or Individual name	Manatt, Phelps & Phillips, LLP Ziye Joseph Zhou (Reg. No. 41,423)	MAY 0 9 2003
Signature		GROUP 3600
Date	May 2, 2003	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: May 2, 2003			
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<div style="float: left; width: 60%; text-align: center;"> PATENT APPLICATION FEE DETERMINATION RECORD </div> <div style="float: right; width: 40%; text-align: center;"> Application or Docket Number 09/811,237 (23451-037) </div>				
CLAIMS AS FILED - PART I				
	(Column 1)	(Column 2)	SMALL	OR OTHER THAN SMALL ENTITY
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
BASIC FEE (37 CFR 1.16(a))			\$	\$
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20=	*	x\$ =	OR x\$ =
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3=	*	x =	OR x =
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+	OR +
			TOTAL	OR TOTAL
* If the difference in column 1 is less than zero, enter "0" in column 2				
CLAIMS AS AMENDED - PART A				
	(Column 1)	(Column 2)	SMALL	OR OTHER THAN SMALL ENTITY
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	* 50	Minus ** 25	x\$ =	OR x\$ 18 = \$450.00
Independent (37 CFR 1.16(b))	* 8	Minus *** 4	x =	OR x \$84 = \$336.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			+ =	OR + =
			TOTAL	OR TOTAL \$786.00
			ADDITIONAL FEE	ADDITIONAL FEE
CLAIMS AS AMENDED - PART B				
	(Column 1)	(Column 2)	SMALL	OR OTHER THAN SMALL ENTITY
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	RATE	ADDITIONAL FEE
Total (37 CAR 1.16(c))	*	Minus **	x\$ =	OR x\$ =
Independent (37 CAR 1.16(b))	*	Minus ***	x =	OR x =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CAR 1.16(d))			+ =	OR + =
			TOTAL	OR TOTAL
			ADDITIONAL FEE	ADDITIONAL FEE
CLAIMS AS AMENDED - PART C				
	(Column 1)	(Column 2)	SMALL	OR OTHER THAN SMALL ENTITY
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	RATE	ADDITIONAL FEE
Total (37 CAR 1.16(c))	*	Minus **	x\$ =	OR x\$ =
Independent (37 CAR 1.16(b))	*	Minus ***	x =	OR x =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CAR 1.16(d))			+ =	OR + =
			TOTAL	OR TOTAL
			ADDITIONAL FEE	ADDITIONAL FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

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